CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTRECT OF PROPERTY OF STATEMENT OF ECONOMIC INTERESTRECT

COVER PAGE

FEB 2 2 2011

Please type or print in a	ink.		OFFICE OF
NAME OF FILER	OLIVA	(FIRST) Su (Aa)	(MIDDLE)
1. Office, Agency,			100
Agency Name			
Omnitrans			
Division, Board, Depa	artment, District, if applicable	Your Position	
		Alternate Board Mem	iber 70
	positions, list below or on an attachment	C 1	Maked A OT
Agency: <u>Se</u>	e attached	Position: See di	Fractied \$ 50
2. Jurisdiction of	Office (Check at least one box)		6 0
☐ State		☐ Judge (Statewide Jurisdicti	on) P O
Multi-County		County of	** ***
City of	1762	⊠ Other County of San	Bernardino OS
3. Type of Statem	ent (Check at least one box)		
* -	riod covered is January 1, 2010, through	December 31,	01,04,2011
=	overed is/, through E	December 31, Solution The period covered is leaving office.	January 1, 2010, through the date of
🛚 Assuming Office	e: Date	 The period covered is of leaving office. 	, through the date
Candidate: Elec	etion Year Office	sought, if different than Part 1:	
4. Schedule Sumr	nary		*
Check applicable sci	hedules or "None."	► Total number of pages including t	his cover page:
Schedule A-1 - II	nvestments – schedule attached	Schedule C - Income, Loans, &	Business Positions - schedule attached
=	nvestments - schedule attached	Schedule D - Income - Gifts -	schedule attached
Schedule B - Re	al Property - schedule attached	Schedule E - Income - Gifts -	Travel Payments, - schedule attached
		OT- portable interests on any schedule	
4			
J			
I certify under penalt	ty of perjury under the laws of the Stat	te of California that t	
Data Sirmad	2/22/11	Cimatus	
Date Signed	(month, day, year)	Signature .	
		FPPC Toll-Free Hell	pline: 866/275-3772 www.tppc.ca.gov

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Susan OLIVA

NAME OF BUSINESS ENTITY (1) 100 Tacefic RALLERD	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$2,000 - \$10,000 \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe)	FAIR MARKET VALUE \$2,000 - \$10,000
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	
ACQUIRED DISPOSED Comments:	ACQUIRED DISPOSED

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FO		
Name Susan	OL	iUA

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME WOLLD PACIFIC RICRARD ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable)	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) 19100 SLOVER AVERAGES	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION OF - RETIRED	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	S1,001 - \$10,000
X \$10,001 - \$100,000 ☐ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of	Sale of
(Property, car, boal, etc.)	(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list cach source of \$10,000 or more
Other(Describe)	Other(Describe)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	ICD
of a retail installment or credit card transaction, made	our official status. Personal loans and loans received
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	<u> </u>
\$10,001 - \$100,000	Guarantor
OVER \$100,000	€ Other
	Other (Describe)
Comments:	

SCHEDULE D Income - Gifts



		•			
➤ NAME OF SOURC	_		NAME OF SOURCE	E	
BEST BEST	& KRIEGER LL	_P	<u> </u>		
ADDRESS (Busine	ss Address Acceptat	vie)	ADDRESS (Busines	ss Address Aco	eptable)
3500 PORSC	HE WAY, STE	. 200, ONTARIO CA			
	TY, IF ANY, OF SOL		BUSINESS ACTIVIT	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 , 16 , 10	<u>\$123.34</u>	DINNER - LCC CONF		\$	the transfer of the transfer o
	\$			\$	_
	\$.			\$	
NAME OF SOURC	E		► NAME OF SOURCE	E	
ADDRESS (Busines	ss Address Acceptab	le)	ADDRESS (Busines	ss Address Acc	epteble)
BUSINESS ACTIVIT	TY, IF ANY, OF SOU	RCE	BUSINESS ACTIVIT	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			\$	
	\$			\$	
	\$			<u>\$</u>	
NAME OF SOURCE	E		► NAME OF SOURCE	=	
ADDRESS (Busines	ss Address Acceptable	(e)	ADDRESS (Busines	s Address Acce	eptable)
BUSINESS ACTIVIT	TY, IF ANY, OF SOU	RCE	BUSINESS ACTIVIT	Y, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			\$	_
	\$			\$	
	\$			\$	<u> </u>
Comments:					
		· · · · · · · · · · · · · · · · · · ·			

CALIFORNIA FORM 700 Fair Political Practices Commission

SUSAN OLIVA

Continuation	n Expanded Statement – List agency/position:
Agency:	Colton Public Financing Authority
Position:	Board Member
Agency:	Colton Public Utilities Association
Position:	Board Member
Agency:	Redevelopment Agency
Position:	Board Member_
Agency:	San Bernardino Valley Municipal Water District (SBVMWD) Advisory Committee
Position:	Alternate Board Member
Agency:	Inland Valley Development Agency (IVDA)
Position:	Alternate Board Member
Agency:	San Bernardino International Airport Authority (SBIAA)
Position:	Alternate Board Member
Agency:	Parks and Recreation Foundation
Position:	Board Member